

DEPARTMENT OF VETERANS AFFAIRS ANALYSIS OF MEDICAL MALPRACTICE CLAIMS - INITIAL STATUS REPORT

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In June 1992, the Office of the Associate Chief Medical Director for Quality Management of the Department of Veterans Affairs (VA) and the Armed Forces Institute of Pathology (AFIP) entered into a sharing agreement that tasked the Department of Legal Medicine (DLM) at AFIP with collecting and analyzing VA medical malpractice claim data. The agreement regards claims filed administratively after 1 October 1992. One goal of this initiative is to contribute to the improvement of health care rendered to veterans by a careful review of those clinical cases, individually and as a group, that result in malpractice claims.

A comprehensive description of the VA Tort Claims Information System was presented in a previous issue of this publication.¹ Briefly, once a medical malpractice claim is filed with a VA District Counsel, a Tort Claim Information System (TCIS) form is completed, with copies forwarded both to DLM and the named VA medical facility. The medical facility conducts peer review and completes a Provider Information and Peer Review Form.

The latter is reproduced and forwarded, with pertinent medical records, to the VA regional office.

These materials are ultimately transmitted, along with any independent reviews to DLM, from the VA regional offices. DLM reviews each case and extracts relevant clinical and claims data. More than 250 data elements are currently collected from each VA malpractice claim filed. When the claim is finally closed legally by denial, settlement or judgement, copies of any other medical reviews, expert witness statements and other pertinent documents are sent to DLM for inclusion in the database case file.

The VA medical system every year provides approximately twenty million outpatient visits and more than one million hospital admissions. Recently, the VA has received annually between 700 and 800 malpractice claims. To this date, 770 claims filed between 1 Oct 92 and 30 Sept 93, the first year of the sharing agreement, have been submitted to DLM by VA District Counsel or General Counsel Offices. Peer review forms and medical records have been received in 644 cases. For more than 90 percent of those cases, forms and records have been received within the requisite 60 days following the date the claim was filed.

Although compliance with this new process has generally been excellent, monthly reports to regional offices regarding overdue materials have been initiated. In addition, other periodic communications between DLM and the regional offices have bolstered the overall effort.

In view of the administrative challenges any new program poses, this first year experience has been encouraging. A general adherence to deadlines appears to reflect both the emphasis placed on this project by the Office of the Associate Chief Medical Director for Quality Management and the efforts of the regional offices and treatment facilities.

Not surprisingly, the first year's experience with collecting this data has led to refinements. For instance, the Provider Information and Peer Review Form did not require a notation of the experience level of any involved house officer (e.g., PGY1 or PGY6). This information could be quite relevant in those claims alleging negligent supervision by staff physicians. Modifying the Provider Information and Peer Review Form to include lessons learned or actions taken by the facility is also under consideration. Further adjustments in data collection to facilitate trending of clinical information are likely.

This database could well become a key source of information for health care researchers interested in studying malpractice within a managed care system. Another article in this issue of Legal Medicine Open File concerns a similar medical malpractice database, consisting of claims against the Department of Defense. There, the proposal to employ a reporting threshold for the National Practitioner Data Bank is considered in light of available data on malpractice payments (see article "A Threshold Question..." in this publication.

Data alone can not make decisions. Careful analysis of data, however, may refine decision making and potentially improve the care rendered across the VA system.

REFERENCE

1. Granville RL, et al. Department of Veterans Affairs - Analysis of medical malpractice claims - An initial report. Legal Medicine Open File. 1993; 93-1:1-9.